



PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application

No. 09/654,177

JALALI et al.

Examiner: Aradom B. Merid

Filed: 9/1/2000

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For: METHOD AND APPARATUS
FOR TIME-DIVISION POWER
ASSIGNMENTS IN A
WIRELESS COMMUNICATION
SYSTEM

) Group No. 2631

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MAY 04 2004

RESPONSE TO OFFICE ACTIONMail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Technology Center 2600

Dear Commissioner:

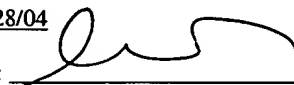
In response to the Office Action dated February 25, 2004, please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to
Mail Stop Non-Fee Amendment
Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.

Depositor's Name: Karyn D. Lao
(type or print name)Date: 4/28/04Signature: **FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____



AMENDMENT TRANSMITTAL FORM

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 000376
In Re Application of: JALALI et al.
Serial Number: 09/654,177
Filed: 9/1/2000
Examiner: Aradom B. Merid
Group Art Unit: 2631

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	10	20	0	x \$18 =	\$0
Independent**	3	5	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0
			<input type="checkbox"/> Two Months	\$420	\$0
			<input type="checkbox"/> Three Months	\$950	\$0
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0
			<input type="checkbox"/> After Final Office Action	\$130	\$0
TERMINAL DISCLAIMER				\$110	\$0
				TOTAL FEE	\$0

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 4/28/04

Signature:

Arti A. Kane, Limited Recognition
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